



DT03 Re PCT/PTO 07 JAN 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
Group Art Unit Unknown

#4

In re

Patent Application of

Wallis, et al.

Application No. 10/501,390

Confirmation No. 3105

Filed: July 14, 2004

"LOCKING MECHANISM"

I, Sharon A. Johnson, hereby certify that this correspondence is being deposited with the US Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date of my signature.

Signature

Sharon A. Johnson

Date of Signature

1/4/05

RESPONSE TO NOTICE TO FILE MISSING REQUIREMENTS UNDER U.S.C. 371
IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)

Mail Stop MISSING PARTS
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is in response to the Notification of Missing Requirements - which was mailed November 4, 2004 and a copy of which is attached. Enclosed are a Declaration and Power of Attorney, a Fee Calculation Sheet and a check for \$130.00.

Charge or credit Deposit Account No. 13-3080 with any shortage or overpayment of the fees associated with this communication. A duplicate of this sheet is enclosed.

Respectfully submitted,

David R. Price

David R. Price

Reg. No. 31,557

File No. 013344-9052-00

Michael Best & Friedrich LLP
100 East Wisconsin Avenue
Milwaukee, Wisconsin 53202-4108
(414) 271-6560

of 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

*A copy of this notice **MUST** be returned with the response.*

ANITA D JOHNSON

Telephone: (703) 305-3661

PART 1 - ATTORNEY/APPLICANT COPY

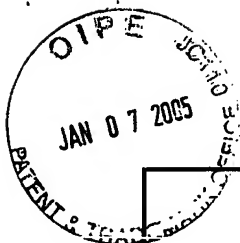
U.S. APPLICATION NUMBER NO.	INTERNATIONAL APPLICATION NO.	ATTY. DOCKET NO.
10/501,390	PCT/GB03/00080	013344-9052-00

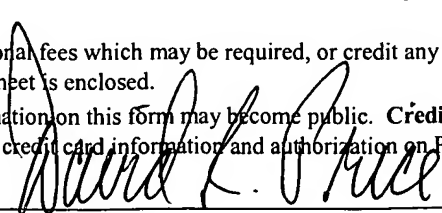
FORM PCT/DO/EO/905 (371 Formalities Notice)

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U.S. APPLICATION NO. (if known) 10/501,390		FEE CALCULATION SHEET (UTILITY)		ATTORNEY'S DOCKET NUMBER 013344-9052-00	
The following fees are submitted:					PTO Use Only
<input type="checkbox"/> a) Basic national fee (application filed BEFORE 12/08/2004)..... \$790.00				\$	
<input type="checkbox"/> b) Basic national fee (application filed AFTER 12/08/2004)..... \$300.00				\$	
<input type="checkbox"/> c) Examination fee (application filed AFTER 12/08/2004)..... \$200.00				\$	
<input type="checkbox"/> d) Search fee (application filed AFTER 12/08/2004)..... \$500.00				\$	
<input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.					
Total sheets	Extra sheets	Number of each additional 50 or fraction thereof (round up to a whole number)	RATE		
-100 =	/50=		x 250.00	\$	
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE		
Total claims	- 20 =		x \$50.00	\$	
Independent claims	- 3 =		x \$200.00	\$	
MULTIPLE DEPENDENT CLAIM(S) (if applicable)			+ \$360.00	\$	
<input checked="" type="checkbox"/> Surcharge of \$130.00 for late filing of the oath or declaration and/or late payment of the filing fee.				\$ 130.00	
TOTAL OF ABOVE CALCULATIONS =				\$ 130.00	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.				\$	
TOTAL FEE =				\$	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property +				\$	
TOTAL FEES ENCLOSED =				\$ 130.00	
				Amount to be refunded:	\$
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a. <input checked="" type="checkbox"/> A check in the amount of \$130.00 to cover the above fee is enclosed.					
b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed.					
c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 13-3080. A duplicate copy of this sheet is enclosed.					
d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
CUSTOMER NO. 23409				SIGNATURE  _____ David R. Price NAME 31,557 REGISTRATION NUMBER	